

JAN. 11. 2007 1:07PM

RBL ASSOCIATES INC

NO. 171 P. 1

## ***RBL ASSOCIATES, INC.***

*Insurance Services*

*205 Lexington Avenue, New York, NY 10016 \* (212) 532-0400 \* fax (212) 532-0838*

*e-mail: tfischetti@rbla.com*

### FACSIMILE TRANSMITTAL

# of Pages: 7  
Date: 1/11/2007  
To: Mary Anne Minerva  
Inc. Village of Ocean Beach  
From: Tony Fischetti  
Re: Claims

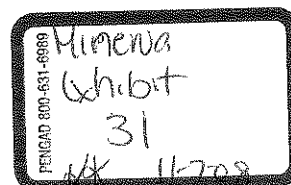
RECEIVED  
JAN 11 2006  
INC. VILLAGE OF OCEAN BEACH

MaryAnne,

The attached are copies of loss notices we originally sent to insurance carriers for claims involving the police department.

I hope this helps.

Regards,



010177

JAN. 11. 2007 1:08PM RBL ASSOCIATES INC. NO. 171 P. 5		ACORD 101 GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM		DATE (MM/DD/YYYY) 09/21/2005
PRODUCER RBL Associates, Inc. 352 Park Avenue South 11th Floor New York, NY 10010	PHONE (A/C, No, Ext): (212) 532-0400 FAX (212) 532-0838	NOTICE OF OCCURRENCE DATE OF OCCURRENCE AND TIME 09/27/2005 03:30	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CLAIM 09/21/2005
EFFECTIVE DATE 07/05/2005 EXPIRATION DATE 07/05/2006		POLICY TYPE <input checked="" type="checkbox"/> OCCURRENCE	PREVIOUSLY REPORTED YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
COMPANY St. Paul Fire & Marine In		RETROACTIVE DATE		
CODE AGENCY CUSTOMER ID: 00000589	SUB CODE:	POLICY NUMBER GP09312724	REFERENCE NUMBER	
INSURED NAME AND ADDRESS Inc. Village of Ocean Beach P O Box 457 Ocean Beach, NY 11770-0457		CONTACT NAME AND ADDRESS Mary Anne Minerva	CONTACT INSURED WHERE TO CONTACT	
RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, No, Ext) (631) 583-5940		WHEN TO CONTACT		
OCCURRENCE LOCATION OF OCCURRENCE (include city & state) Ocean Beach Police Dept., Baywalk, Ocean Beach, NY 11770-0457				
DESCRIPTION OF OCCURRENCE (Use reverse side, if necessary) Claimant states that he was ticketed for littering. He allegedly slammed the station door and the police assaulted him.				
POLICY INFORMATION COVERAGE PART OR FORMS (Insert form #s and edition dates) GL PUBLIC OFFICIAL POLICE PROF. ETC.				
GENERAL AGGREGATE 2,000,000	PROD/COMP OP AGG	PERS & ADV INJ	EACH OCCURRENCE 1,000,000	FIRE DAMAGE MEDICAL EXPENSE DEDUCTIBLE 5,000
UMBRELLA EXCESS	UMBRELLA	EXCESS CARRIER	LIMITS	PER CLAIM PER OCCUR
TYPE OF LIABILITY PREMISES: INSURED IS <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER <input type="checkbox"/>				
OWNER'S NAME & ADDRESS (if not insured)			TYPE OF PREMISES	
PRODUCTS: INSURED IS <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> VENDOR <input type="checkbox"/> OTHER <input type="checkbox"/>			OWNERS PHONE (A/C, No, Ext)	
MANUFACTURER'S NAME & ADDRESS (if not insured)			TYPE OF PRODUCT	
WHERE CAN PRODUCT BE SEEN?			MANUFACT PHONE (A/C, No, Ext)	
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (explain)				
INJURED PROPERTY DAMAGED NAME & ADDRESS (Injured/Owner) Samuel Gilbert				
AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS	PHONE (A/C, No, Ext)
DESCRIBE INJURY		WHERE TAKEN	WHAT WAS INJURED DOING?	
FATALITY				
DESCRIBE PROPERTY (Type, model, etc.) ruptured bladder, internal inj., head inj etc		ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?
WITNESSES NAME & ADDRESS BUSINESS PHONE (A/C, No, Ext) RESIDENCE PHONE (A/C, No)				
REMARKS See attached notice of claim.				
REPORTED BY Insured	REPORTED TO Tracey T Young	SIGNATURE OF PRODUCER OR INSURED RBL Comm'l Accts.		
ACORD 101 (12/93) NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE © ACORD CORPORATION 1993				

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JAN. 11. 2007 1:08PM RBL ASSOCIATES INC. NO. 171 P. 6		DATE (MM/DD/YY) 07/18/2006	
<b>ACORD 20 GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM</b>			
PRODUCER RBL Associates, Inc. 205 Lexington Avenue 18th Floor New York, NY 10016	PHONE (A/C, No, Ext) (212) 532-0400 FAX (212) 532-0838	NOTICE OF OCCURRENCE DATE OF OCCURRENCE AND TIME 04/02/2006 AM PM EFFECTIVE DATE 07/05/2005 EXPIRATION DATE 07/05/2006 POLICY TYPE X OCCURRENCE CLAIMS MADE MISCELLANEOUS INFO (Site & location code) 23 pages	PREVIOUSLY REPORTED YES NO
AGENCY CUSTOMER ID: 00000589	SUB CODE:	POLICY NUMBER GP09312724	REFERENCE NUMBER
INSURED NAME AND ADDRESS Inc. Village of Ocean Beach P O Box 457 Ocean Beach, NY 11770-0457		CONTACT NAME AND ADDRESS Mary Anne Minerva	CONTACT INSURED WHERE TO CONTACT
RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, No, Ext) (631) 583-5940		RESIDENCE PHONE (A/C, No) BUSINESS PHONE (A/C, No, Ext)	WHEN TO CONTACT
OCCURRENCE LOCATION OF OCCURRENCE (Include city & state) P O Box 457, Ocean Beach, NY 11770-0457 AUTHORITY CONTACTED DESCRIPTION OF OCCURRENCE (Use reverse side, if necessary) Various claimant's alleging the following: unlawful termination, unlawful conduct (covering up assaults by other officers), violation of law, defamatory statements, etc.			
POLICY INFORMATION COVERAGE PART OR Employment practices 1mil/2millagg 25,000 ded. FORMS (insert form #s and edition dates) GENERAL AGGREGATE 2,000,000 PRODCOMP OP AGG Pub. Off PERS & ADV INJ & Police Pro EACH OCCURRENCE 1,000,000 FIRE DAMAGE MEDICAL EXPENSE DEDUCTIBLE 5,000 PD BI UMBRELLA EXCESS X UMBRELLA EXCESS CARRIER: St. Paul Travelers 10,000 ret. LIMITS: 3,000,000 PER CLAIM PER OCCUR			
TYPE OF LIABILITY PREMISES: INSURED IS OWNER TENANT OTHER: TYPE OF PREMISES OWNER'S NAME & ADDRESS (if not insured) OWNERS PHONE (A/C, No, Ext) PRODUCTS: INSURED IS MANUFACTURER VENDOR OTHER: TYPE OF PRODUCT MANUFACTURER'S NAME & ADDRESS (if not insured) MANUFACT PHONE (A/C, No, Ext) WHERE CAN PRODUCT BE SEEN? OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (explain)			
INJURED/PROPERTY DAMAGED NAME & ADDRESS (Injured/Owner) Joseph Nofri, Edward Carter, Thomas Snyder, Kevin Lamm & Frank Frorillo PHONE (A/C, No, Ext) AGE SEX OCCUPATION EMPLOYER'S NAME & ADDRESS PHONE (A/C, No, Ext) DESCRIBE INJURY WHERE TAKEN WHAT WAS INJURED DOING? FATALITY DESCRIBE PROPERTY (Type, model, etc) ESTIMATE AMOUNT WHERE CAN PROPERTY BE SEEN? WHEN CAN PROPERTY BE SEEN?			
WITNESSES NAME & ADDRESS BUSINESS PHONE (A/C, No, Ext) RESIDENCE PHONE (A/C, No)			
REMARKS Please see attached Notices of claim and handle asap.			
REPORTED BY Insured	REPORTED TO Tracey T Young	SIGNATURE OF PRODUCER OR INSURED RBL Comm'l Accts.	
ACORD 20 (09/94) NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE CACORD CORPORATION 1993			

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JAN. 11. 2007 1:08PM RBL ASSOCIATES INC. NO. 171 P.		DATE (MM/DD/YY) 11/16/2006	
ACORD® GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM			
PRODUCER RBL Associates, Inc. 205 Lexington Avenue 18th Floor New York, NY 10016	PHONE (A/C, No, Ext) (212) 532-0400 FAX (212) 532-0838	NOTICE OF OCCURRENCE DATE OF OCCURRENCE AND TIME 08/25/2006	DATE OF CLAIM 11/16/2006 PREVIOUSLY REPORTED YES NO
EFFECTIVE DATE 07/05/2006 EXPIRATION DATE 07/05/2007		POLICY TYPE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE	RETROACTIVE DATE
COMPANY St. Paul Fire & Marine In		MISCELLANEOUS INFO (Site & location code)	
CODE AGENCY CUSTOMER ID: 00000589	SUB CODE:	POLICY NUMBER CP09312724	REFERENCE NUMBER
INSURED NAME AND ADDRESS Inc. Village of Ocean Beach P O Box 457 Ocean Beach, NY 11770-0457		CONTACT NAME AND ADDRESS Mary Anne Minerva	CONTACT INSURED WHERE TO CONTACT WHEN TO CONTACT
RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext) (631) 583-5940	RESIDENCE PHONE (A/C, No)	BUSINESS PHONE (A/C, No, Ext)
OCCURRENCE			
LOCATION OF OCCURRENCE (Include city & state) P O Box 457, Ocean Beach, NY 11770-0457		AUTHORITY CONTACTED	
DESCRIPTION OF OCCURRENCE (Use reverse side, if necessary) Claimant alleges the following: fabrication of criminal charges, false arres and malicious prosecution.			
POLICY INFORMATION			
COVERAGE PART OR FORMS (Insert form #s and edition dates)			
GENERAL AGGREGATE 2,000,000	PROD/COMP OP AGG	PERS & ADV INJ 1,000,000	EACH OCCURRENCE FIRE DAMAGE MEDICAL EXPENSE DEDUCTIBLE PD GI
UMBRELLA EXCESS	UMBRELLA	EXCESS CARRIER:	LIMITS: PER CLAIM PER OCCUR
TYPE OF LIABILITY			
PREMISES: INSURED IS OWNER TENANT OTHER:		TYPE OF PREMISES	
OWNER'S NAME & ADDRESS (If not insured)		OWNER'S PHONE (A/C, No, Ext):	
PRODUCTS: INSURED IS MANUFACTURER VENDOR OTHER:		TYPE OF PRODUCT	
MANUFACTURER'S NAME & ADDRESS (If not insured)		MANUFACTURE PHONE (A/C, No, Ext):	
WHERE CAN PRODUCT BE SEEN?			
OTHER LIABILITY INCLUDING COMPLETION OPERATIONS (Explain)			
INJURED PROPERTY DAMAGED			
NAME & ADDRESS (Injured/Owner) Harriet Benzer		PHONE (A/C, No, Ext)	
AGE SEX OCCUPATION	EMPLOYER'S NAME & ADDRESS	PHONE (A/C, No, Ext)	
DESCRIBE INJURY FATALITY		WHERE TAKEN	WHAT WAS INJURED DOING?
DESCRIBE PROPERTY (Type, model, etc)	ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?
WITNESSES			
NAME & ADDRESS		BUSINESS PHONE (A/C, No, Ext)	RESIDENCE PHONE (A/C, No)
REMARKS See attached notice of claim			
REPORTED BY Insured	REPORTED TO Tracey T Young	SIGNATURE OF PRODUCER OR INSURED RBL Comm'l Accts.	
ACORD 3 (12/99) NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE SACORD CORPORATION 1993			

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